APR 2.8 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
8332

1. PLACE OF DEATH
County Gentry Registration District No. 314 File No.
Township Primary Registration District No. 4190 Registered No. 13
City Stanberry (No. , St. Ward)

2. FULL NAME Wm Henry Arnold

(a) Residence. No. (Usual place of abode) St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ Mrs Cora Arnold

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	10	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work (Watch) Rail Road Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Red Oak Iowa
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Oscar Arnold
11. BIRTHPLACE OF FATHER (CITY OR TOWN) N.Y.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Ireys
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Mrs. Cora Arnold
(Address) Stanberry Mo

15. FILED 3/20/30 C S Bernard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1929, to March 19, 1930 that I last saw h~~im~~er alive on , 19 , and that death occurred, on the date stated above, at 2.15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
1 Yr
37
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Jas. A. Tomchin, M. D.
3/20, 1930 (Address) Stanberry, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Stanberry Mo Hatch Rudy & Cemetery	3/21/1930
20. UNDERTAKER	ADDRESS
Lafay A. Phillips	Stanberry Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Crockett.